CONCLUSION

Great success has been achieved in the application of the "Three Networks" framework. Government authority has been reinforced. Reporting is more accurate and timely, and health services have improved significantly. Three Networks played an important role in the prevention and control of both measles and SARS.

The Three Networks framework may be useful to other countries that have similar situations to that of China, where an effective mechanism to control public health emergencies has not been established.

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RÉSUMÉ

Objectifs : Améliorer le dépistage et le contrôle des maladies infectieuses au Guangxi, en Chine.

Lieu et participants : Le Guangxi est une région autonome du Sud-Ouest de la Chine qui compte près de 50 millions d'habitants, dont environ 30 % vivent en milieu urbain et 70 % en milieu rural. On y trouve 12 groupes nationaux minoritaires.

Intervention : Le médecin de village déclare toute éclosion de maladie infectieuse au Réseau de déclaration, lequel demande au Réseau de services d'orchestrer une intervention clinique. Au sommet, le Réseau gouvernemental coordonne l'intervention des multiples paliers administratifs locaux.

Résultats : Depuis l'inauguration du Système des trois réseaux en 2002, le délai de déclaration a diminué, passant de 30,6 jours à 7,6 jours en moyenne, et le nombre de cas déclarés est passé d'un peu moins de 5 000 par année (4 965) à près de 10 000 par année (9 873). La mortalité moyenne a baissé de 3,23 % à 0,74 %. Le Système des trois réseaux a réussi à contrôler les éclosions de rougeole, et pendant l'épisode du SRAS, lorsque 11 cas du Guangdong voisin sont entrés au Guangxi, on n'a recensé que 11 cas supplémentaires dans la région, sans aucune propagation dans la communauté ni au personnel médical.

Conclusion : Le Système des trois réseaux contribue beaucoup à la prévention et au contrôle des maladies infectieuses dans la région du Guangxi et pourrait être utile dans d'autres régions au profil similaire.

Book Reviews/Recension

Baby Boomer Health Dynamics: How Are We Aging?

Andrew V. Wister. Toronto, ON: University of Toronto Press Inc., 2005; 253 pp., Cdn$29.95

This detailed book provides a comparative analysis of the health of baby boomers (those born between 1946 and 1965) as they progress in age in order to answer the following key questions: Are baby boomers healthier or unhealthier than previous generations? And what are the implications of these patterns for the Canadian health care system? A 20-year age period was selected for analysis, and then the generation was further divided into two 10-year birth cohorts to reflect differences in "younger" and "older" baby boomers. The author examined four major lifestyle behaviours that influence health (i.e., smoking, physical activity, body mass/weight, and alcohol consumption) and their relationship to gender, education, income, and foreign-born status through the lens of the Social Change Model.

Chapter 1 defines the baby boomer generation and the social significance of their generation. Chapters 2 & 3 provide an overview of healthy lifestyle behaviours and their relationship to population health in addition to the theoretical underpinnings that guide the author's analysis. Chapter 4 provides a discussion of the lifestyle behaviours in relation to the health of the general population. Chapters 5-9 contain extensive information on data sources and analysis (both gender and age are taken into account). The presentation style is repetitive and the reader gets lost in the volume of information. The level of detail is, however, extremely useful for researchers and health promoters. The findings, summarized in Chapter 10, are not surprising: 1) smoking rates have declined in the last several decades; 2) there is a decline in unhealthy exercise patterns among baby boomers, although 40% of Canadians are considered to fall into the "unhealthy" exercise range; 3) obesity rates have risen faster among younger boomers, but remain a concern for the cohort as a whole regardless of gender or socio-economic status; and finally, 4) baby boomers consume less alcohol than the previous generation.

A lengthy discussion follows in Chapter 11, which reveals nothing new about suspect causal influences to explain the paradox of improved exercise rates and rising obesity rates. The book concludes with a superficial discussion of the relevance of the findings for health policy and a strong recommendation for further basic and applied research of this cohort. A reader working in health planning or gerontology would be left with many unanswered questions about the broader societal impacts of this rapidly aging generation and what nuances make this generation "different" from previous ones to determine what shifts in health programming and resources are required.

Koreen E. Fahey, RN MN
Analyst , Chronic Disease and Injury Prevention Division
First Nations and Inuit Health Branch
Health Canada
Ottawa, ON

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BOOK REVIEWS/RECENSION

Compassionate Cities: Public Health and End-of-life Care

Allen Kellenhear. London and New York: Routledge, Taylor & Francis, 2005.

Some books should be compulsory reading for every person in the health and social sciences. "Compassionate Cities" could do much to shift the prevailing view of dying and loss as illnesses that require professional interventions to a view that sees these states as normal life events that are best addressed by communities of families, friends, and supportive others. This is the fourth book by Kellehear that builds on the theme that death is a natural state that is no longer treated as such in modern societies. His sociological and palliative care background provides him with the insight to craft an alternate approach, one that builds on current public health principles.

In his 1999 book, *Health Promoting Palliative Care*, he argued that dying could be viewed as a time of growth and opportunity, as opposed to a difficult decline ending in death. His book led me to reflect that 90-95% of the Canadians who die each year, some 200,000 persons, receive care from non-specialists such as family members and friends, general duty nurses, and family doctors. Although it could be said they do not have access to palliative care specialists, it could also be that they do not need "specialized" care. The reader is oriented to thinking of dying as a natural state, one that is often many years in length, during which much living should occur.

Compassionate Cities takes this normative view of dying, and aging (as a common prerequisite), and builds upon the theme that non-specialist caregivers are not only the norm but also the best option for providing the kind of end-of-life care that is needed. The book begins with two chapters that describe what is wrong with organized care and other current approaches for the dying and bereaved. The theory of "Compassionate Cities" is introduced and defended in the next four chapters. The final three chapters operationalize Compassionate Cities.

If there is any criticism of this book, it should be with respect to the title. Although this book builds on the World Health Organization's concept of Healthy Cities, Kellenhear is really advocating for compassionate communities. Not only does he clearly identify why we need compassionate communities for improved end-of-life care, but he also provides a carefully considered framework to enable such communities.

Donna Wilson, RN, PhD
Caritas Nurse Scientist and
Professor – Faculty of Nursing
University of Alberta
Edmonton, AB

Global Status Report on Alcohol 2004

World Health Organization. Geneva, Switzerland: WHO, 2004

The *Global Status Report on Alcohol 2004* is an updated edition of an earlier report (1999) with the same title. It is an excellent reference source for teachers, students, policy-makers and social scientists. The WHO estimates that 76 million people worldwide have diagnosable alcohol use disorders, and that alcohol consumption is related to more than 60 types of diseases and injury. Alcohol use and abuse are important in our societies.

This report consists of two parts: the first, in print format, is an overview and comparative analysis of regional and global indicators; the second, in CD-ROM format, presents 189 individual country profiles.

The 8-page Canadian profile consists of data on use, heavy episodic use and consequences. After having peaked in the early 1970s, Canadian use is now slightly more per capita than in the early 1960s. The sources for most of these data are the 1998-9 National Population Survey and the 2000-1 Canadian Community Health Survey. Data on each country is limited; however, there are some interesting regional comparisons. For example, regions with low child and adult mortality (such as the combined region of Canada, USA and Cuba) have high consumption levels but alcohol is consumed in less detrimental ways leading to lower acute consequences (e.g., injury) and higher alcohol-related chronic diseases (e.g., alcohol abuse and dependence).

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d'interdisciplinarité doit se poursuivre. De plus, il nous apparaît essentiel de permettre aux habiletés interpersonnelles nécessaires au travail d'équipe (en recherche ou en clinique) de se développer et d'être encou-ragées. Il ne suffit pas de réunir des représentants de plusieurs disciplines pour qu'un travail devienne pour autant « interdisciplinaire ». Il faut que ces personnes, tout en restant bien ancrées dans leur propre discipline, s'engagent dans un dialogue qui vient enrichir la production de connaissances. Le processus interdisciplinaire façonne le travail et le savoir ainsi produit peut répondre de façon plus satisfaisante aux besoins des chercheurs et des praticiens de multiples disciplines en favorisant les échanges d'informations.

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BOOK REVIEWS/RECENSION

...Global Status Report, continued from page 408

Many graphs, unfortunately, are not well labelled so the reader needs to search elsewhere to learn their meaning; for example, that a quantity is in litres or that "AMR" means Regions of the Americas (although sometimes "AMRO" is used). Otherwise, the graphs are easy to read, presenting interesting national or time-series comparisons. The 19-page reference list appears useful to scholars.

The book, with CD-ROM enclosed, is available from WHO, 20 Avenue Appia, 1211 Geneva 27, Switzerland, or by e-mail from bookorders@WHO.int.

Anne George, PhD
Centre for Community Child Health Research
University of British Columbia
Vancouver, BC

Public Health Law & Policy in Canada

Tracey M. Bailey, Timothy Caulfield, Nola M. Ries (Eds.), Markham, ON: Lexis Nexis, Butterworths, 2005; 565 pp.

A Canadian book on public health law is long overdue. Practitioners of public health frequently encounter legal difficulties that, for resolution, require senior public health administrators to interact with legal experts. The problem is that public health professionals do not know enough about public health law nor are assigned lawyers familiar enough with public health legislation. Let the mutual education begin and this book is an excellent start. My compliments to the authors for their very readable text.

The editors correctly assert that there has been a worldwide explosion in public health law reform fueled by concerns for new infectious diseases and by the heightened need to prepare for bioterrorism.

The chapters include legal foundations of public health in Canada, public health ethics, privacy and confidentiality, vaccines, HIV/AIDS, injuries, tobacco control, Aboriginal health, environmental health, food-borne illnesses, criminal justice, genetics, and the Quebec arrangements for public health.

This book does not address all significant areas of public health law. It is therefore not fully comprehensive nor does it have an index sufficient for service as a reference. A shortfall exists in a number of issues that face public health services: avoidance and management of defamation, SLAPP suits (and "legal chill" in the form of threatened action), whistleblower legislation, consent (capacity, age of, informed consent), etc.

The book would be strengthened by a deeper understanding of public health history and the many public health controversies such as genetically modified foods. The role of media in public health is important and deserves attention in legal terms. Health education is not always an alternative to legislation and is frequently a precursor.

In honouring this book, I would like to see a regular update consistent with the author's assertion that Canadian public health law is experiencing a dynamic period of change.

Gerald Bonham, MD, FRCPC
Health Consultant
Delta, BC

Eugenic Nation: Faults & Frontiers of Better Breeding in Modern America

Alexandra Minna Stern. Berkeley, CA: University of California Press, 2005; 347 pp, US$24.95 (paper)

Alexandra Stern has created a book of great importance for the study of public health in North America. Some might find that claim improbable, especially when applied to a historical exposition on a particularly dark episode. On the contrary, this book serves as an erudite documentary about eugenics in California from the late 18th through to the 21st centuries. This book also makes us critically review our current research questions in the field of public health.

Stern, on the first aspect, offers us an exhaustive narrative of the development of eugenics in the United States. The interactions between conceptions of race, ethnicity, gender, nationalism, health, social class and religion are all well accounted for. If you are looking for this kind of narrative, no better can be found. On the second aspect, Stern offers the current generation